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Tomas Oscar Espinoza (Depositor's name)
[Signature]
08/08/2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/960,557	10/31/1997	EUGENIO A. CEFALI		6174

TITLE OF INVENTION: METHODS FOR TREATING HYPERLIPIDEMIA WITH INTERMEDIATE RELEASE NICOTINIC ACID COMPOSITIONS HAVING UNIQUE BIOPHARMACEUTICAL CHARACTERISTICS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$700	08/08/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
CHANNAVAJJALA, LAKSHMI SARADA	1615	424-468000	08/08/2006	CHNGUYEN1 00006038 502543	08960557
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list: (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	3. <i>Jonathan N. Provoost</i> <i>Karen P. Bechtold</i>	3		
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached.	<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

KOS LIFE SCIENCES, INC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Weston, Florida

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5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(b)(2).

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Typed or printed name **Jonathan N. Provoost**

Date **08/08/2006**

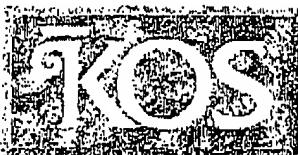
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